MAXIMUS Federal Services

Case Number:	CM13-0031685		
Date Assigned:	12/11/2013	Date of Injury:	07/21/2012
Decision Date:	05/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old female who was injured on 07/21/2012 while she tried to step over the resident on the bathroom floor, but she slipped and ended up falling to the ground on her back. Prior treatment history has included physical therapy, epidural steroids injections on 08/13/2013 without benefit, and a variety of medications. Diagnostic studies reviewed include MRI of the pelvis dated 08/24/2012 where scoliosis was identified. MRI of the lumbar spine dated 11/26/2012 revealing ruptured disc of 6 mm in dimension at the L4-5 level effacing the right axillary recess and abutting the L4 nerve root. An EMG/NCV dated 02/20/2013 was entirely negative. A Complex Medical Evaluation dated 11/21/2013 documented the patient has severe low back, right hip, right buttock and primarily right leg pain. She cannot bend. She cannot lift. She can hardly sleep. She has great difficulty walking around. She cannot sit comfortably. She cannot lie flat without great increase in pain. Objective findings on exam reveal Final Determination Letter for IMR Case Number CM13-0031685 3 she is practically impossible to examine lying down since she cannot lay flat without there being substantial increase in pain. Straight leg raise on the right is 20 degrees, left 30 degrees. There is a weakly positive Trendelburg sign. The right patella reflex is absent, however the left patella reflex is present and both Achilles reflexes are present. There is pain about the outer aspect of the right thigh. The hip seems to have normal range of motion, at least within the limits of this examination.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L2-L3 AND L3-L4 LATERAL DISCECTOMY FUSION THEN MIS POSTERIOR SPINE FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Spinal Fusion.

Decision rationale: The 11/21/2013 medical-legal report questions the appropriateness and medical necessity of the proposed fusion procedure, stating a fusion of a mid-lumbar segment or two may not be of substantial benefit beyond that which would be achieved by simple laminectomy. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish any of these conditions exist in the case of this patient. The presence of disc bulge rupture at L3-4 level does not establish a medical necessity for a multi-level fusion. Consequently, the patient is not a candidate for the proposed two-level lumbar fusion. There is no documentation the patient has undergone psychological screening, documented spinal instability at the levels requested or the current history of smoking cessation. The medical necessity of the request is not established.

ASSISTANT PA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PREOPERATIVE EKG AND LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.